



## WIC Information Request Infant

For you, or your infant: Please tell us about any changes to eating habits, exercise, or health.

\_\_\_\_\_

Are you still breastfeeding?  Yes  No

At what age did your baby eat anything other than breast milk?

\_\_\_\_\_

What did they eat? \_\_\_\_\_

\_\_\_\_\_

How did it go? \_\_\_\_\_

\_\_\_\_\_

What does your baby eat now? \_\_\_\_\_

\_\_\_\_\_

***If your baby is formula feeding,  
please complete the back***



## WIC Information Request Infant—Formula

What do you put in your baby's bottles?

\_\_\_\_\_

\_\_\_\_\_

What formula are you feeding your baby?

\_\_\_\_\_

How do you prepare your baby's formula?

Powdered formula

I add \_\_\_ scoops of powder to  
\_\_\_ ounces of water

Concentrated formula

I add \_\_\_ ounces concentrate to  
\_\_\_ ounces of water

Ready-to-Feed formula

Do you add water?  Yes \_\_\_ oz  No



## WIC Information Request Child

For you, or your child: Please tell us about any changes to eating habits, exercise, or health. \_\_\_\_\_

On a scale of 0 to 10 how well do you think your child is eating

Not well Very well

0 1 2 3 4 5 6 7 8 9 10

He/she usually eat \_\_\_ meals/day

and \_\_\_ snacks/day

He/she usually eat fruits & vegetables  
(check amount)

1 cup/day or less

2 cups/day or less

3 cups/day or more

What kinds of drinks does your child usually drink? \_\_\_\_\_

**\*\*To be completed by Health Care Provider (HCP)\*\***

Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_

Head Circumference: \_\_\_\_\_

Health care providers signature: \_\_\_\_\_

**\*\*To be completed by Health Care Provider (HCP)\*\***

Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_

Head Circumference: \_\_\_\_\_

Health care providers signature: \_\_\_\_\_



## WIC Information Request Pregnant Woman

For you, or your child: Please tell us about any changes to eating habits, exercise, or health.

What is your due date? \_\_\_\_\_

Are you receiving prenatal care?  Yes  No

Are you taking a prenatal vitamin?  Yes  No

On a scale of 0 to 10 how well are you eating?

Not well Very well

0 1 2 3 4 5 6 7 8 9 10

I usually eat \_\_\_ meals/day and \_\_\_snacks/day

I usually eat fruits & vegetables (check amount)

- 1 cup/day or less
- 2 cups/day or less
- 3 cups/day or more

How are you planning to feed your baby?

\_\_\_\_\_

**\*\*To be completed by Health Care Provider (HCP)\*\***

Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_

Health care providers signature: \_\_\_\_\_



## WIC Information Request Post-Partum Women

For you, or your child: Please tell us about any changes to eating habits, exercise, or health.

How are you feeding your baby? \_\_\_\_\_

On a scale of 0 to 10 how is it going?

Not well Very well

0 1 2 3 4 5 6 7 8 9 10

I breastfeed \_\_\_\_\_ times in 24 hours

Each feeding lasts \_\_\_\_\_ minutes

Are you taking a prenatal vitamin?  Yes  No

On a scale of 0 to 10 how well are you eating?

Not well Very well

0 1 2 3 4 5 6 7 8 9 10

I usually eat \_\_\_ meals/day and \_\_\_snacks/day

I usually eat fruits & vegetables (check amount)

- 1 cup/day or less  2 cups/day or less
- 3 cups/day or more

**\*\*To be completed by Health Care Provider (HCP)\*\***

Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_

Health care providers signature: \_\_\_\_\_